XML Schema Definition: CIG-CT-19

Schema	Element						Contents/Reject Rules	Maps To	
	Parent	Child	Grand child	Great-grand child	Great-great-grand child	Great-great-great-grand child		Form Id	Source Field for this data:
General Instructions:									
	1. This document provides the list of all the fields that are applicable for bulk filing. Refer to the directions for each section to find out which fields are required and which are optional.								
	2. This document describes how each field should be populated (e.g., calculations, constants).								
IDORTransmission							**All the fields listed below in the IDORTransmission Section are required. Any additional fields that are in the schema header are not required.**		
	Count						This is an attribute and the value should always be "1".		Constant
	xsmnSchemaVersion						This is an attribute and the value should always be "IDORSpecialTaxTransmission2014V1.0".		Constant
	TransmissionId						Must be the DOR assigned vendor code (VendorCd) concatenated with the Julian Date concatenated with a six digit unique identifier, generally sequential.		
	VendorCd						DOR will provide this code during the Bulk File registration and certification process.		Constant
	ProcessType						T for TEST or P for Production file.		Constant
	ReturnState								
		stateSchemaVersion					This is an attrribute and the value should always be "IDORSpecialTax2014V1.0"		Constant
		ReturnHeaderState							
			Jurisdiction				Two Character State Code = IN		Constant
			TimeStamp				Date/Time Stamp of the transmission. All Timestamps should look like this: YYYY-MM-DDTHH:MM:SSZ. The embedded "T" and "Z" are required. Use the System Time of your job to set it		
			TaxPeriodBeginDate				The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 report this element would be 2014-10-01.	CT-19	Month / Year of Report
			TaxPeriodEndDate				The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 report this element would be 2014-10-31.	CT-19	Month / Year of Report
			TaxYear				YYYY format will contain the tax year being processed. Example: 2014	CT-19	Year Report is Being Filed
			Preparer						
				Name			Name of person who approves this electronic submission.		
				SSN or PTIN			The SSN or the PTIN of the person who approves this electronic submission. You are not required to put an individual's SSN. You are permitted to put any 9 numbers. For example, "111111111." Do not include hyphens.		
				Phone			The phone number of the person who approves this electronic submission. Do not include hyphens.		
				EmailAddress			The email address of the person who approves this electronic submission.		
			Originator						
				EFIN			"123456"		Constant

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				Type			"ERO"		Constant
			SoftwareId				"SUBMITTER"		Constant
			ReturnType				"CIGCT19"		Constant
			Filer						
				BusinessEntity					
					FEIN		Federal ID number of taxpayer. Do not include hyphens.		FID Number
					Entity Name				
						BusinessNameLine1	The entity name as it appears on the Indiana Alcoholic Beverage Permit. The XML will not accept the following special characters: comma (,), period (.), semi-colon (;), colon (:), plus sign (+), and equal sign (=).	CT-19	Distributor Name
				Address					
					USAddress				
						AddressLine1	Business street address (physical address)		
						City	City (physical address)		
						State	State (physical address)		
						ZipCode	Zip (physical address)		
				StateId			Ten digit Indiana Taxpayer ID code.	CT-19	Taxpayer Identification Number
				LocNbr			Three digit Indiana business location code.		
			EmailAddress				Provide the email address of the person DOR should contact if there is a problem with this electronic submission.		
			FilingMethodCd				"ELF"		Constant
			ReturnSourceCd				"FTP"		Constant
			InputSourceMethodCd				"BULK"		Constant
			FormVersionCode				"0614"	CT-19	CT-19 Form Create Year/Month
			TaxTypeCd				"CIG"		Constant
			SubmissionId				Submission Id is generated by using the following format: Prefix of T for Test file or P for Production file, Followed by Department assigned id number plus six digit unique sequence number.		
		ReturnDataState							
			FormCIGCT19						

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				CIGCT19ReturnSectionA			**If you have a ReturnFilingType of "O" or "A", please follow the directions below to determine the value of each field.** **If you have no activity to report for the month (i.e. a ReturnFilingType of "ONA" or "ANA"), then do not include CIGCT19ReturnSectionA in your transmission.**		
					INCT19RepeatingSection				
						CompanyName	Name of entity/business from whom you purchased the cigarettes or roll-your-own tobacco.	CT-19	Name
						Address	Location address of the entitybusiness from whom you purchased the cigarattes or roll-your-own tobacco.	CT-19	Address
						City	City of the entity/business from whom you purchased the cigarattes or roll-your-own tobacco.	CT-19	City
						State	State of the entity/business from whom you purchased the cigarattes or roll-your-own tobacco.	CT-19	State
						ZipCode	Zip code of the entity/business from whom you purchased the cigarattes or roll-your-own tobacco.	CT-19	Zip Code
						BrandFamily	List the brand family of the purchased cigarattes or roll-your-own tobacco.	CT-19	Brand Family
						QuantityStamped	The number of cigarettes (in sticks) that were stamped for the period per brand.	CT-19	Quantity Stamped (Sticks)
						RYOOunces	The number of ounces of roll-your-own tobacco you purchased for the period per brand. The term "roll-your-own tobacco" is any tobacco which because of its appearance, type, packaging, or labeling, is suitable for use and likely to be offered to, or purchased by, consumers as tobacco for making cigarettes.	CT-19	Roll-Your-Own Tobacco Ounces
						RYOUnits	The conversion of the roll-your-own tobacco to units. Nine-hundredths (0.09) of an ounce of roll-your-own tobacco constitutes one (1) individual cigarette or unit. (i.e. ounces/.09)	CT-19	Roll-Your-Own Tobacco Units (units = ounces/.09)
				CIGCT19ReturnSectionB			**All the fields in CIGCT19ReturnSectionB are required. If you have no activity to report for the month you must specify either "ONA" or "ANA" for the ReturnFilingType. You must also enter zeros (0) in all fields. Otherwise the file be rejected.**		
					ReturnFilingType		Return Filing Type Valid codes are: "O" = Original, "A" = Amended, "ONA" = Original - No Activity, "ANA" = Amended - No Activity	N/A	Constant

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Revisions:									
9/8/2014									
1. Changed Instruction #1 (Row 2).									
2. Deleted Instructions #3 and #4.									
3. Added content to IDORTransmission (Row 7) in Contents/Reject Rules column.									
4. Changed content to SSN or PTIN (Row 23) in Contents/Reject Rules column.									
Revisions: (Continued)									
9/8/2014									
5. Changed content to Phone (Row 24) in Contents/Reject Rules column.									
6. Changed content to FEIN (Row 33) in Contents/Reject Rules column.									
7. Changed content to BusinessNameLine1 (Row 35) in Contents/Reject Rules column.									
8. Added content to CIGCT19ReturnSectionA (Row 53) in Contents/Reject Rules column.									
9. Added content to CIGCT19ReturnSectionB (Row 64) in Contents/Reject Rules column.									
12/10/2014									
10. Changed the label "CIGCT19RepeatingSection" to "INCT19RepeatingSection" to match the XSD									